

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

Mel Carnahan, Governor • Stephen M. Mahfood, Director

P.O. Box 176 Jefferson City, MO 65102-0176

APPLICATION FOR PERMIT TO DISPENSE WATER

☐ Community Water System ☐ Non-Community Water System

Name of Supply _____ PWS ID# _____

Address _____ City _____

County _____ Zip _____ Phone _____

Person to Contact _____

Address _____ Phone _____

Type of Supply: ☐ City ☐ PWSD ☐ Subd. ☐ MHP ☐ Non-Comm. ☐ Other

Well information (if known)*:

Storage:

Total Depth _____ feet Water Tower _____ gallons

Casing Depth _____ feet Pressure Tank(s) _____ gallons

Pump Capacity _____ gallons per minute Concrete Reservoir _____ gallons

Certification Number _____ Steel Tank(s) _____ gallons

Date Constructed _____ Other: _____ gallons

*If more than one well is being used, TOTAL _____ gallons
please write information on the back.

Average number of persons per day using water system: _____

Number of connections/hookups: _____

Water treatment (please describe): _____

I hereby request a permit to dispense water to the customers.

Signature of Owner/Operator _____

Title _____ Date _____

For DNR use only
ID #